U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under PIL 86-257, as amended. Failure to comply may result in criminal prosecution, finas, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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	15 35

1. File Number J - 1301/

3. Name and address of person filing.

W. D. - . . . Ra-1.14 N

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through:/2/31/04

4. Name, file number, and address of labor organization.

TUPET DO 711

HATRICK DIE WORK	Labor Organization File Number 530442					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 2116 OCEAN HETCHTS AVE	Street 2116 OCEAN HEIGHTS AVE.					
city E. H.T	city EHT					
State N ZIP Code + 4 0823 \(\frac{1}{2} \)	State NJ ZIP Code + 4 08 2 3 4					
5. Position in labor organization. BUSINETS MANAGOR						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Rcom No., if any						
Simul	7.b. Amount.					
Street						
City						
State ZIP Code + 4						
Signature						

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, porcect, and complete. (See the section on penalties in the instructions.)

609.653.4433

C. Received from any employer (ot or from any labor relations consultant to			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.
Name			
Trade Name, if any			
P.O. Box, Bldg., Room No , if any			
Street			
City			
State	ZIP Coce + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of paymer t.

12.b. Amount.